Section/topic	Item No	Checklist Item	Reported on page No
Title and abstract	110		on page 1 to
	1a	Identification as a randomised trial in the title	1
	1b	Structured summary of trial design, methods, results,	2
		and conclusions	
Introduction			
Background and objectives	2a	Scientific background and explanation of rationale	2-6
	2b	Specific objectives or hypotheses	4-6
Methods			
Trial design	3a	Description of trial design including allocation ratio	7 13
	3b	Important changes to methods after trial commencement	n.a.
		with reasons	
Participants	4a	Eligibility criteria for participants	10
	4b	Settings and locations where the data were collected	7
Interventions	5	The interventions for each group with sufficient details	7-10
		to allow replication, including how and when they were actually administered	
Outcomes	6a	Completely defined pre-specified primary and	11-13
Outcomes	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	secondary outcome measures, including how and when	11-13
		they were assessed	
	6b	Any changes to trial outcomes after the trial	n.a.
		commenced, with reasons	11.4.
Sample size	7a	How sample size was determined	10
Sumpre Size	7b	When applicable, explanation of any interim analyses	n.a.
	, ,	and stopping guidelines	11141
Randomization			
Sequence generation	8a	Method used to generate the random allocation sequence	13
	8b	Type of randomization; details of any restriction (such	n.a.
		as blocking and block size)	
Allocation concealment	9	Mechanism used to implement the random allocation	13
mechanism		sequence (such as sequentially numbered containers),	
		describing any steps taken to conceal the sequence until	
		interventions were assigned	
Implementation	10	Who generated the random allocation sequence, who	13
		enrolled participants, and who assigned participants to	
		interventions	
Blinding Statistical methods	11a	If done, who was blinded after assignment to	n.a.
		interventions (for example, participants, care providers,	
	1.11	those assessing outcomes) and how	
	11b	If relevant, description of the similarity of interventions	n.a.
	12a	Statistical methods used to compare groups for primary	13-14
	101	and secondary outcomes	1.4
	12b	Methods for additional analyses, such as subgroup	14
Dogulta		analyses and adjusted analyses	
Results Participant flow	120	For each group, the numbers of participants who were	16
Participant flow	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and	10
		were analysed for the primary outcome	
	13b	For each group, losses and exclusions after	n.a.
	130	randomisation, together with reasons	11.a.
Recruitment	14a	Dates defining the periods of recruitment and follow-up	10
1001 untillent	14b	Why the trial ended or was stopped	10

Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	16
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	18
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	20-21
	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	n.a.
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	21-23
Harms	19	All important harms or unintended effects in each group	n.a.
Discussion			
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	26-27
Generalizability	21	Generalisability (external validity, applicability) of the trial findings	26
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	23-26
Other information			
Registration	23	Registration number and name of trial registry	n.a.
Protocol	24	Where the full trial protocol can be accessed, if available	n.a.
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	37